

Title: Fast-tracking HIV-positive mothers into prenatal care and treatment

Health department/organization: Louisiana Office of Public Health/
HIV/AIDS Program

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Goals: Linkage to and maintenance of care for HIV-infected women

Program type: Case management

Collaborators: Other HIV/AIDS program staff; HIV/AIDS surveillance; other health department

Background/Objectives

Many HIV-positive women who deliver exposed infants lack proper prenatal care and/or supportive services. A large proportion of these infants go on to become infected with HIV. In Louisiana between 1995 and 2003, 9.89% of infants born to HIV-infected mothers who did not receive appropriate medical care delivered infants who became infected. However, only 3.59% of infants born to HIV-infected mothers who did receive appropriate medical care became infected. Administration of a proper antiretroviral regimen, during pregnancy, delivery, and neonatally, is critical to preventing perinatal transmission.

Since 2002, Louisiana has had a system in place to rapidly identify HIV-positive pregnant women and their infants who may not be receiving proper prenatal medical care or supportive services. This program, known as "Fast Track", is part of a joint effort by the Surveillance, Prevention, and Services Divisions of the Louisiana Office of Public Health HIV/AIDS Program.

Methods

HIV-infected pregnant women and their infants are identified through counseling and testing, Ryan White Care Act case management and

field epidemiologist reports. At this time, a thorough investigation of surveillance and services records is performed to investigate the prenatal care status of the mother. For mother/infant pairs that are found to be receiving care, a notation is made and no further action is taken. Any mother/infant pair or newly identified exposed infant entered into this database, with no record of care or case management, is entered into the Fast Track system. These cases are then sent to an HIV/STD disease intervention specialist (DIS). DIS staff attempt to locate the mother and obtain consent to promote linkage into care and assist in obtaining prenatal/neonatal services. Mothers who provide consent and their infants are linked directly into case management.

Results

Since October 2002, 296 women have been identified and screened by this system. The Fast Track program coordinator has reviewed 70 of these women and 24 of these have been sent to DIS for follow up. Eight of these mother/infant pairs were successfully referred into case management, many of the remaining women were found to have already been in care or receiving services. Overall, Louisiana has documented a marked reduction in perinatal HIV transmission rates since the introduction of U.S. Public

Health Service (USPHS) guidelines outlining the use of antiretroviral (ARV) therapy during pregnancy. During 1996 Louisiana reported that 22.4% of infants born to HIV-infected mothers became infected with HIV whereas in 2003 only 4.95% became infected. During this time, proper ARV use has risen from 40% to 83% and the proportion of mothers known to be in prenatal care has risen from 49.65% to 80%.

Conclusions

Rapid identification of HIV-positive pregnant women who are not receiving proper prenatal care or services is critical in preventing perinatal

HIV transmission. Louisiana's Fast Track program has been very successful in identifying women who may lack access to or knowledge about proper prenatal care for women with HIV. While specific interventions have only been found to be necessary in a few cases, we believe that this is an indication of good quality of care in Louisiana. Other Louisiana perinatal programs, such as a recent effort to provide training and assistance to public and private birthing hospitals throughout the state and Fast Track all increase our capacity to eliminate perinatal HIV transmission.